

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/01/2023

General Information

Name: Hon Carolyn Marie Goodman

Address: 18099 Nw County Road 379A, Bristol, FL 32321

PID 226070

County: Liberty

AGENCY INFORMATION

Organization	Suborganization	Title
Liberty County	Elected Constitutional Officer	Tax Collector

Net Worth

My Net Worth as of December 31, 2022 was -\$ 1,962.16.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 4,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Nissan Altima	\$ 6,000.00
2009 Waverly MH w/4.30 Acres	\$ 34,464.50
Regions Savings Account	\$ 2,500.00
See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
21st Mortgage	620 Market St Suite 100 Knoxville, TN	\$ 19,156.79
Regions Bank	Blountstown, FL	\$ 29,769.87

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

☒ I elect to file a copy of my 2022 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

☒ I certify that I have completed the required training under Section 112.3142, F.S.

☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Carolyn Marie Goodman

Digitally signed: 06/01/2023

Filed with COE: 06/01/2023

c Employer's name, address, and ZIP code LIBERTY COUNTY TAX COLLECTOR LIBERTY TAX COLLECTOR OPERATING 2 18099 NW SR 20 BRISTOL FL 32321		b Employer identification number (EIN) 59-1109823			OMB No. 1545-0008 Form W-2 Wage and Tax Statement 2022 Copy B To Be Filed with Employee's FEDERAL Tax Return This information is being furnished to the Internal Revenue Service.	
		1 Wgs, tips, other compn 98939.30	2 Fed inc tax withheld 19078.00	3 Social security wages 102154.22		
		4 SS tax withheld 6333.56	5 Medicare wages & tips 102154.22	6 Medicare tax withheld 1481.24		
		7 Social security tips	8 Allocated tips	9		
		10 Depdnt care benefits	11 Nonqualified plans	12a		
d Control number		13	14 Other 414 H 3214.92	12b		
e Employee's name, address, and ZIP code Suff. MARIE GOODMAN 18099 NW CR 379A BRISTOL FL 32321		Statutory employee ☐	12c			
		Retirement plan ☒	12d			
		Third-party sick pay ☐				
15 State	Employer's state ID number	16 State wages, tips, etc	17 State income tax	18 Local wages, tips, etc	19 Local income tax	20 Locality name
REV 12/21/22 QBDT						

Department of the Treasury — IRS